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State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Excelleum Conamur - "We Strive Towards Excellence"

OFFICE OF INSPECTOR GENERAL

Compliance Unit **M e m o r a n d u m**

DATE: August 22, 2003

TO: Institutional Services Policy & Procedure Manual Holders

FROM: Sheila A. Scott, Administrative Analyst III

SUBJECT: **IS12-4.1 Suicide Intervention Procedures**

Attached is the above referenced procedure which has been revised and should be read in its entirety and placed appropriately in your manual.

Significant changes to the procedure are as follows:

II. L. changed "trauma care unit" to "transitional care unit".

III. B. 6. added "in consultation with the director of mental health services" and "including a determination of the seriousness of the attempt".

III. D. 3. b. changed "every 72 hours" to "daily - Monday through Friday, except holidays".

III. D. 3. c. changed "every 72 hours" to "daily - Monday through Friday, except holidays".

III. F. 6. added "Criminal" to procedure name.

III. G. 7. added "along with forwarding a copy to the local health services administrator, superintendent and the appropriate assistant division director."

IV. ATTACHMENT "Confinement Data Record" is being developed as part of the Individual Confinement Record.

V. REFERENCES. H. added "Criminal" to procedure name.

Thank you.

SAS:dbm

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MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

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IS12-4.1 Suicide Intervention Procedures

Effective: September 22, 2003

George A. Lombardi, Director
Division of
Adult Institutions

Randee Kaiser, Director
Division of
Offender Rehabilitative Services

Dr. A. E. Daniel, Director
of Psychiatry
CMS Missouri Regional Office

Ralf J. Salke, Senior Regional
Vice President
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****

I. PURPOSE: This procedure establishes guidelines and procedures for managing those offenders who may be determined suicidal and are at risk of causing injury to themselves.

A. AUTHORITY: 217.175, 217.320 RSMo

B. APPLICABILITY: Standard operating procedures specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/ physician, institutional chief of mental health services, other professional medical providers and the superintendent/ designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Chief of Mental Health Services: Administrative agent responsible for the oversight of mental health services provided to department of correction's offenders throughout the state of Missouri.

B. Director of Behavioral Health Services: Administrative agent responsible for the oversight of behavioral health services provided to department of correction's offenders throughout

responsible for the oversight of behavioral health services provided to department of correction's offenders throughout the state of Missouri.

C. **Director of Mental Health Services:** A qualified mental health professional appointed by the mental health service's contractor responsible for the oversight of mental health services provided to department of correction's offenders throughout the state of Missouri.

D. **Director of Psychiatry:** Psychiatrist appointed by the mental health service's contractor responsible for the oversight of psychiatric services provided to department of correction's offenders throughout the state of Missouri.

E. **Full Suicide Watch:** Specialized procedures whereby potentially suicidal offenders are placed in a segregated housing unit, observed by staff and provided ongoing assessment and treatment by qualified mental health professionals.

F. **Institutional Chief of Mental Health Services:** A designated qualifed mental health professional who is responsible for the oversight of mental health services at an institution.

G. **Medical Accountability Records System (MARS):** The electronic medical records system utilized by the Missouri department of corrections.

H. **Mental Health Close Observation:** Placement of an offender in a controlled environment for therapeutic seclusion to determine mental health signs and symptoms and potential harm to self, others, or property due to a mental disorder.

I. **Modified Suicide Watch:** An individualized plan which may result in less restrictive actions than the full suicide watch as determined by a qualified mental health professional.

J. **Qualified Mental Health Professional (QMHP):** Includes psychiatrists, physicians, psychologists, associate psychologists, licensed clinical social workers and licensed professional counselors.

K. **Regional Mental Health Managers:** Regionally assigned administrative managers responsible for the oversight of contracted mental health services provided to department of correction's offenders throughout the state of Missouri.

L. **Serious Suicide Attempt (SR-3 Rating):** A self-harm attempt by an offender that requires treatment by a physician or a nurse practitioner beyond the initial assessment of injury by site nursing staff. The bodily injury may have required hospital or transitional care unit admission in order to

monitor the offender's vital signs and physical condition or provide additional treatment.

M. Suicidal Behavior: The expression either verbally or behaviorally of intent to do harm to oneself that may result in injury or death.

N. Suicide Gesture (SR-2 Rating): An injury inflicted by the offender to herself/himself that did not require treatment by a physician or nurse practitioner or treatment beyond the initial assessment of the injury by site nursing staff.

O. Suicide Ideation (SR-1 Rating): An offender's verbalization to a correctional employee of suicidal thoughts, suicidal plans within the next month, and/or delusions of suicidal command hallucinations; but has not made a physical attempt to hurt herself/himself.

P. Suicide Risk Rating (SR) Scale: An offender behavioral rating scale that rates both the offender's prior level of suicidal action while in custody and the seriousness of recent suicidal verbalization or action.

III. PROCEDURES:

A. Offenders will be evaluated for potential suicide risk during the screening process for offenders received at the reception and diagnostic centers.

1. Based upon information obtained during the initial screening process by nursing staff as indicated on the Intake Mental Health Screening form (Attachment A), the reviewing staff member will notify the qualified mental health professional of any offender with a history of suicidal behavior by completing and forwarding the Referral and Screening Note - Mental Health Services (Attachment B) to the qualified mental health professional.

2. After consulting with the medical unit staff regarding the offender's current status, the qualified mental health professional will determine whether immediate intervention is warranted.

3. The qualified mental health professional will complete an initial assessment and establish a new suicide risk rating.

4. The qualified mental health professional will document the findings, results and recommendations of any assessment or any additional actions in the medical record via a medical accountability records system (MARS) entry.

B. Initial Detection of Suicidal Tendencies:

1. Institutional staff should be alert for signs of potentially suicidal offenders, which may include:

   a. offender engages in or attempts to engage in behavior with potential for self-harm (e.g., swallows razor blades, places plastic bag over head, self-mutilation);

   b. offender threatens to attempt suicide;

   c. offender talks about suicide or self-injurious behavior with staff or other offenders;

   d. offender exhibits markedly sad, tearful behavior or reduced emotional reactivity;

   e. offender makes frequent references to death;

   f. offender exhibits dramatic shifts in emotions or behavior;

   g. offender isolates self and withdraws from normal level of interpersonal interactions;

   h. offender experiences loss of someone (spouse, close friend, parent, sibling, etc.) or something (marriage, appeal, release date, custody level);

   i. offender has a significant change in circumstances;

   j. offender is fearful of impending release;

   k. offender begins giving away personal belongings.

2. Any staff member who becomes aware of an offender making suicidal statements or behaviors will immediately initiate a Suicide Intervention Report (Attachment C).

   a. The staff member shall ensure the offender remains under direct surveillance of a staff member until suicide watch procedures can be initiated.

   b. Normal medical procedures will be followed in the event of actual injury.

3. The shift supervisor shall immediately place the offender on suicide watch following procedures established in IS21-1.1 Temporary Administrative Segregation Confinement and contact the institutional chief of mental health services/designee.

4. A qualified mental health professional should perform an evaluation within the next working day unless noted otherwise.

5. If unable to contact the institutional chief of mental health services/designee, the director of mental health services shall be notified.

   a. Under no circumstances should the placement on suicide watch be delayed because the institutional chief of mental health services/designee is not available.

   b. The offender will be maintained on full suicide watch until evaluated by a qualified mental health professional.

6. The institutional chief of mental health services/ designee, in consultation with the director of mental health services will determine a course of action within 2 hours of notification, including a determination of the seriousness of the attempt. This initial evaluation and circumstances must be documented on the Suicide Intervention Report.

7. All Serious Suicide Attempts (SR-3 rating) will result in a face-to-face interview by a qualified mental health professional with the offender within 2 hours of notification unless the offender is hospitalized and unable to be interviewed, then within 24 hours of return from the hospital.

C. Full Suicide Watch Procedures:

1. The offender will be immediately placed in a cell designated for housing suicidal offenders. If the offender demonstrates continued behavior which may be harmful to herself/himself, the offender may be restrained as outlined in IS20-2.3 Mechanical Restraints or IS11-66.2 Use of Medical Restraints.

2. The cell in which the offender is placed will be stripped and searched prior to placement.

   a. The cell will only have a minimum of fixtures and equipment as outlined in standard operating procedures.

   b. Cells will have either accessible visual observation or remote camera observation.

3. The offender will be strip searched prior to entering

the stripped cell.

4. The offender shall be dressed in a department approved suicide watch garment.

5. Meals shall consist of sack meals (finger foods). No plastic utensils will be allowed in the cell.

6. The reporting staff member and any other involved staff shall submit a written report to the shift supervisor which shall be attached to the Suicide Intervention Report.

7. When placed on full suicide watch or modified suicide watch, the offender shall be placed on close observation status with visual checks by staff occurring at least 4 times per hour (e.g., at a minimum of every 15 minutes at irregular and unpredictable intervals).

   a. The observation times are to be documented by staff on the Close Observation Log (Attachment D), along with brief notes documenting the observations.

   b. Completed Close Observation Logs are to be maintained in the Individual Confinement Record (Attachment E).

8. Full suicide watch may be modified by a qualified mental health professional following an interview and evaluation. Additional items may then be granted to the offender.

   a. The decision to modify a suicide watch must be documented in writing in the Individual Confinement Record in chronological order by a qualified mental health professional.

9. When a qualified mental health professional determines the initial crisis has abated, she/he will decide whether to maintain the suicide watch procedures, modify them, or to remove the offender from suicide watch.

10. Mental health close observation may be utilized for those offenders who do not pose a significant risk of harm to themselves or others, but who require decreased stimuli and seclusion from the general population as outlined in IS12-4.3 Mental Health Close Observation and IS11-66.1 Mental Health Close Observation (Essential).

D. Qualified Mental Health Professional Involvement:

1. After notification, the qualified mental health professional shall interview and evaluate the offender

within 1 working day, unless otherwise noted.

2. The qualified mental health professional will determine the most appropriate option available for managing the potentially suicidal offender. These options include any or all of the following as the case progresses:

   a. no intervention if the offender is not deemed suicidal and the offender will be removed from suicide watch;

   b. continue full suicide watch in the institution with possible placement on modified suicide watch;

   c. discontinue suicide watch and place on mental health close observation;

   d. consider the offender for referral to the Biggs Correctional Treatment Unit for evaluation and treatment.

3. Subsequent to the initial interview and evaluation, a qualified mental health professional will evaluate the offender by the following schedule:

   a. full suicide watch - daily - Monday through Friday, except holidays,

   b. modified suicide watch - daily - Monday through Friday except holidays,

   c. mental health close observation - daily - Monday through Friday, except holidays,

   d. daily telephone consultation with the facility shift supervisor on weekends and holidays.

E. Terminating Suicide Watch:

1. Only a qualified mental health professional can terminate a full suicide watch/modified suicide watch or mental health close observation by completing the Suicide Intervention Report and presenting a copy to the supervisor in charge of the unit.

   a. The copy will be placed into the Individual Confinement Record.

   b. The qualified mental health professional will send copies of this form in accordance with the distribution listed on the Suicide Intervention Report.

c. The qualified mental health professional will also document the termination of a full suicide watch/ modified suicide watch or mental health close observation via a medical accountability records system (MARS) entry.

d. Following a serious suicide attempt and after the offender has been released from suicide watch, the institutional chief of mental health services/ designee shall schedule not less than 3 subsequent counseling sessions with the offender over the following 2 weeks.

F. Special Consideration:

1. Any offender making a suicide attempt or gesture (self-inflicted injury only) will be evaluated by medical staff, even if there are no apparent injuries.

2. The shift supervisor will immediately notify the superintendent/designee of any suicide attempt.

3. If the offender is confined in a segregation unit, suicide intervention procedures will take precedence over established segregation procedures per IS21-1.1 Temporary Administrative Segregation Confinement and IS21-1.2 Administrative Segregation.

4. Under usual circumstances, offenders on any type of suicide watch will not be allowed visits, nor be housed in a cell with another offender. However, the institutional chief of mental health services may approve those actions if considered therapeutic.

5. The offender's normal living area and property will be searched for indications of suicidal intent (suicide note, dangerous objects, etc.).

6. If the offender has attempted to harm herself/himself in any way, the institutional investigator will be notified in accordance with D1-8.1 Criminal Investigation Unit Responsibilities and Actions. In these instances, the area where the attempted suicide occurred will be secured in the same manner as a crime scene.

G. Offender Suicide/Suicide Attempt Debriefing:

1. The institutional chief of mental health services/ designee shall notify the director of mental health services, the director of psychiatry, the appropriate regional mental health manager, and the chief of mental health services of offender suicides or serious suicide

attempts immediately upon being notified by a facility employee.

2. Upon notification, the director of mental health services will coordinate with the institutional chief of mental health services the appropriate mental health response to the incident.

3. In the event of an offender's serious suicide attempt, the director of mental health services or the chief of mental health services shall determine if immediate admission to the Biggs Correctional Treatment Unit is to be recommended to the central regional mental health manager.

   a. If the decision is made to admit the offender to the Biggs Correctional Treatment Unit and it is during normal working hours, the institutional chief of mental health services shall contact the central regional mental health manager at the Fulton Reception and Diagnostic Center to make the necessary arrangements.

   b. The procedures outlined in IS12-3.1 FRDC/Biggs Correctional Treatment Unit shall be followed unless the chief of mental health services determines that it will unusually delay the Biggs admission. In this case, IS12-3.1 FRDC/Biggs Correctional Treatment Unit procedures will be suspended in the interest of health care accessibility.

   c. If the decision is made to admit the offender to the Biggs Correctional Treatment Unit, and it is after normal working hours, the central regional mental health manager or the chief of mental health services shall contact the on-call physician at Fulton State Hospital and make arrangements for admission to Biggs Correctional Treatment Unit.

4. The institutional chief of mental health services/ designee shall make herself/himself available to the administrative staff for purposes of offender crisis intervention counseling following an offender suicide or serious suicide attempt.

5. The institutional chief of mental health services/ designee shall make herself/himself available to the administrative staff for purposes of a multidisciplinary debriefing in the cases of all suicides and serious suicide attempts.

6. If the offender's suicidal gestures would result in

an increase in the offender's mental health or suicide risk score, the institutional chief of mental health services/designee shall complete the Reclassification Analysis (RCA)-Mental Health (MH) Needs form (Attachment F) and forward it to classification staff for data entry.

7. Following an offender suicide or serious suicide attempt (SR-3 rating), and within 5 working days, the institutional chief of mental health services shall prepare a debriefing report for the chief of mental health services and the director of mental health services along with forwarding a copy to the local health services administrator, superintendent and the appropriate assistant division director. The submitted report shall contain the following information at a minimum:

   a. Identifying Information:

      (1) offender name,

      (2) department number,

      (3) institution,

      (4) medical score,

      (5) public risk score,

      (6) institutional risk score.

   b. Description of Suicide/SR-3 Event:

      (1) date,

      (2) time,

      (3) method,

      (4) discovered by,

      (5) location,

      (6) bunking status (single, double, dorm),

      (7) anything that is known or suspected to have caused the incident.

   c. Mental Health Status:

      (1) mental health score,

(2) suicide risk score,

(3) psychotropic medications/type,

(4) current Diagnostic and Statistical Manual IV diagnosis,

(5) on suicide watch/mental health close observation at the time of incident,

(6) deterioration of mental status noted just prior to suicide/serious attempt,

(7) If yes to #(6), list treatment steps that were taken.

d. Mental Health History:

(1) dates of any Missouri department of correction's admissions to any specialized mental health unit, including Biggs Correctional Treatment Unit, during the current incarceration;

(2) dates of any suicide watch/mental health close observations during the past 3 months;

(3) dates of mental health contacts during the past 6 months with provider names;

(4) if yes to #(3), did any of the progress entries note suicidal thoughts/plans;

(5) medication changes made during the past 6 months and whether they were implemented in a timely manner.

e. Conclusions/Recommendations: Consider and note the information gathered for this report and make any recommendations for changes in mental health or institutional procedures.

f. Signature Block:

(1) signature,

(2) title,

(3) date,

(4) copy to the director of behavioral health services, the appropriate regional mental health manager, and the director of

psychiatry.

IV. ATTACHMENTS:

A.	931-3757	Intake Mental Health Screening
B.	931-1572	Referral and Screening Note - Mental Health Services
C.	931-3399	Suicide Intervention Report
D.	931-0813	Close Observation Log
E.	931-3549	Individual Confinement Record
F.	931-0730	Reclassification Analysis (RCA) Mental Health (MH) Needs

V. REFERENCES:

A.	IS11-66.1	Mental Health Close Observation (Essential)
B.	IS11-66.2	Use of Medical Restraints
C.	IS12-3.1	FRDC/Biggs Correctional Treatment Unit
D.	IS12-4.3	Mental Health Close Observation
E.	IS20-2.3	Mechanical Restraints
F.	IS21-1.1	Temporary Administrative Segregation Confinement
G.	IS21-1.2	Administrative Segregation
H.	D1-8.1	Criminal Investigation Unit Responsibilities and Actions

VI. HISTORY: Previously covered under division rule 115.020; Original Rule Effective November 1, 1980; Revised March 15, 1983.

A.	Original Effective Date:	11/15/89
B.	Revised Effective Date:	07/01/92
C.	Revised Effective Date:	03/01/00
D.	Revised Effective Date:	06/16/03
E.	Revised Effective Date:	09/22/03

Attachment A

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

INTAKE MENTAL HEALTH SCREENING

OFFENDER NAME	DOC NUMBER	RACE	DATE OF BIRTH

SUICIDE POTENTIAL SCREENING	(CIRCLE)	
1. ARRESTING OR TRANSPORTING OFFICER BELIEVES SUBJECT MAY BE SUICIDE RISK	YES	NO
2. LACKS CLOSE FAMILY/FRIENDS IN COMMUNITY	YES	NO
3. EXPERIENCED A SIGNIFICANT LOSS WITHIN LAST 6 MONTHS (LOSS OF JOB, RELATIONSHIP, DEATH OF CLOSE FAMILY MEMBER).	YES	NO
4. WORRIED ABOUT MAJOR PROBLEMS OTHER THAN LEGAL SITUATION (TERMINAL ILLNESS).	YES	NO
5. EXPRESSES THOUGHTS ABOUT KILLING SELF.	YES	NO
6. HAD A SUICIDE PLAN AND/OR SUICIDE INSTRUMENT IN POSSESSION.	YES	NO
7. HAD PREVIOUS SUICIDE ATTEMPT. (CHECK WRISTS & NOTE METHOD).	YES	NO
8. EXPRESSES FEELINGS THAT THERE IS NOTHING TO LOOK FORWARD TO IN THE FUTURE (FEELINGS OF HELPLESSNESS AND HOPELESSNESS).	YES	NO
9. SHOWS SIGNS OF DEPRESSION (CRYING, EMOTIONAL FLATNESS).	YES	NO
10. APPEARS OVERLY ANXIOUS, AFRAID OR ANGRY.	YES	NO
11. APPEARS TO FEEL UNUSUALLY EMBARRASSED OR ASHAMED.	YES	NO
12. IS ACTING AND/OR TALKING IN A STRANGE MANNER. (CANNOT FOCUS ATTENTION; HEARING OR SEEING THINGS NOT THERE).	YES	NO
13. IS APPARENTLY UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.	YES	NO
14. IF YES TO #13, IS INDIVIDUAL INCOHERENT OR SHOWING SIGNS OF WITHDRAWAL OR MENTAL ILLNESS.	YES	NO
TOTAL YES'S = IF THERE ARE ANY CIRCLES IN SHADED AREAS, OR TOTAL OF YES'S IS 6 OR MORE, ALERT SHIFT SUPERVISOR AND REFER FOR MENTAL HEALTH EVALUATION.		

MENTAL HEALTH HISTORY	(CIRCLE)	
1. NOW TAKING PSYCHOTROPIC MEDICATION? TYPE: CURRENT DOSAGE: SOURCE:	YES	NO
2. HISTORY OF PSYCHIATRIC HOSPITALIZATION? WHEN: WHERE:	YES	NO
3. HISTORY OF OUTPATIENT MENTAL HEALTH TREATMENT? WHEN: WHERE:	YES	NO

MENTAL HEALTH HISTORY (CON'T)	(CIRCLE)	
4. HISTORY OF VIOLENCE OR ASSAULT TO CAUSE INJURY ONLY? WHEN:	YES	NO
5. HISTORY OF SEX OFFENDING? WHEN:	YES	NO
6. HISTORY OF BEING SEXUALLY VICTIMIZED? WHEN: WHERE:	YES	NO
7. HISTORY OF SERIOUS HEAD TRAUMA WITH LOC AND/OR SEIZURES? WHEN:	YES	NO

BEHAVIORAL OBSERVATIONS
CIRCLE AND COMMENT ON ANY PROBLEMS IN THE FOLLOWING AREAS:

- GROOMING & HYGIENE:
- MOTOR ACTIVITY:
- ATTENTION & CON:
- ORIENTATION (PERSON/PLACE/TIME/SITUATION):
- SPEECH RATE:
- UNUSUAL SPEECH CONTENT (HALLUCINATIONS, DELUSIONAL IDEAS):
- MOOD & EMOTIONALITY:
- PROBLEMS WITH EXPRESSING SELF OR UNDERSTANDING INSTRUCTIONS (IQ CONCERN):

MENTAL HEALTH NEEDS AND TREATMENT DISPOSITION

☐ No current mental health problems / No mental health history / Approved for general population housing.

☐ No current mental health problems / Reports mental health history / Approved for general population housing.

☐ Active mental disorder symptoms / Refer to qualified mental health staff, ASAP.

☐ Acutely suicidal, homicidal or psychotic / Emergency referral to qualified mental health staff.

SCREENED BY	DATE	TIME ☐ A.M. ☐ P.M.
REVIEWED BY QUALIFIED MENTAL HEALTH PROFESSIONAL	DATE	TIME ☐ A.M. ☐ P.M.

DISTRIBUTION: WHITE - MEDICAL FILE CANARY - MENTAL HEALTH UNIT

Attachment B

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

REFERRAL AND SCREENING NOTE - MENTAL HEALTH SERVICES

REFERRAL SECTION: (REFERRING STAFF USE ONLY)

OFFENDER NAME	DOC NUMBER	HU/CELL/BED
REFERRING STAFF SIGNATURE & TITLE	**DATE OF REFERRAL**	**INSTITUTION**

REASON FOR REFERRAL

Observed Behaviors (Check all that apply)

- ☐ Inappropriate smiling
- ☐ Irrational speech
- ☐ Disorientation
- ☐ Loss of memory
- ☐ Overly suspicious
- ☐ Overly hostile
- ☐ Sees things not there
- ☐ Hears things not there
- ☐ Hopeless/pessimistic
- ☐ Self-injurious behavior
- ☐ Very sad/crying
- ☐ Extremely irritable
- ☐ Overactive/pacing
- ☐ Overly anxious
- ☐ Very self-critical
- ☐ Loss of appetite
- ☐ Emotionally flat
- ☐ Strange posture/mannerism

SCREENING RESULTS (MENTAL HEALTH PROFESSIONAL'S USE ONLY)

Topics To Be Addressed

S - Subjective (presenting problem, chief complaint)
O - Objective (current mental status)
A - Assessment (diagnostic impression)
P - Plan (referral, follow-up, client instructions)

Optional Topics

- MH and SA Treatment History
- Pertinent Psychological History
- Psychological Testing Results
- Diagnostic Impression
- Psychodynamics
- Treatment Plan
- MH Score Update
- SR Score Update

SIGNATURE	TITLE	DATE

MENTAL HEALTH PROFESSIONAL: USE CONTINUATION SHEETS AS NEEDED

Attachment D

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CLOSE OBSERVATION LOG

NAME OF INSTITUTION	DAY	MONTH	YEAR

OFFENDER NAME	DOC NUMBER	ROOM/CELL NUMBER

INSTRUCTIONS:

1. A new form is to be utilized for each 24 hour day.
2. Offender is to be checked at least 4 times or more within the hour on an irregular basis, or as designated by the psychologist (suicide)/shift supervisor/medical (other than suicide).

Note: Any staff member making a security check must **PRINT** their complete name and indicate initials.

PRINT NAME	INITIALS	PRINT NAME	INITIALS

SECURITY CHECKS

HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME
12:00 MIDNIGHT 1:00 A.M.	/	/	/	/	12:00 NOON 1:00 P.M.	/	/	/	/
1:00 A.M. 2:00 A.M.	/	/	/	/	1:00 P.M. 2:00 P.M.	/	/	/	/
2:00 A.M. 3:00 A.M.	/	/	/	/	2:00 P.M. 3:00 P.M.	/	/	/	/
:00 A.M. 4:00 A.M.	/	/	/	/	3:00 P.M. 4:00 P.M.	/	/	/	/
4:00 A.M. 5:00 A.M.	/	/	/	/	4:00 P.M. 5:00 P.M.	/	/	/	/
5:00 A.M. 6:00 A.M.	/	/	/	/	5:00 P.M. 6:00 P.M.	/	/	/	/
6:00 A.M. 7:00 A.M.	/	/	/	/	6:00 P.M. 7:00 P.M.	/	/	/	/
7:00 A.M. 8:00 A.M.	/	/	/	/	7:00 P.M. 8:00 P.M.	/	/	/	/
8:00 A.M. 9:00 A.M.	/	/	/	/	8:00 P.M. 9:00 P.M.	/	/	/	/
9:00 A.M. 10:00 A.M.	/	/	/	/	9:00 P.M. 10:00 P.M.	/	/	/	/
10:00 A.M. 11:00 A.M.	/	/	/	/	10:00 P.M. 11:00 P.M.	/	/	/	/
11:00 A.M. 12:00 NOON	/	/	/	/	11:00 P.M. 12:00 MIDNIGHT	/	/	/	/

COMMENTS (Initial each comment)

DISTRIBUTION: WHITE - MEDICAL FILE YELLOW - INDIVIDUAL CONFINEMENT RECORD

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

INDIVIDUAL CONFINEMENT RECORD

			CELL NUMBER
		INSTITUTION	ORIGINATING UNIT
OFFENDER NAME	DOC NUMBER	TIME RECEIVED T.A.S.C. ☐ A.M. ☐ P.M.	DATE RECEIVED T.A.S.C.

REASON FOR CONFINEMENT (COV NUMBER, INVESTIGATION, SUICIDE WATCH, ETC.)

SPECIAL INSTRUCTIONS (I.E. SPECIAL SECURITY ORDERS)

MEDICATION REQUIREMENTS

☐ PORK ☐ NON-PORK	ASSIGNED TO	☐ ADMINISTRATIVE SEGREGATION ☐ DISCIPLINARY SEGREGATION ☐ OTHER	DATE ASSIGNED
DATE RELEASED FROM CONFINEMENT	RELEASED TO		

TIME	DATE	REASON	INITIALS	TIME	DATE	REASON	INITIALS

Attachment C

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

SUICIDE INTERVENTION REPORT

OFFENDER NAME		DOC NUMBER	INSTITUTION / HOUSING UNIT
INCIDENT DATE	INCIDENT TIME ☐ A.M. ☐ P.M.	INCIDENT LOCATION	
SHIFT SUPERVISOR REPORT TO		DATE REPORTED	TIME REPORTED ☐ A.M. ☐ P.M.
BRIEF DESCRIPTION OF INCIDENT			
REPORTING STAFF SIGNATURE AND TITLE			DATE

SHIFT SUPERVISOR ACTION

MENTAL HEALTH PROFESSIONAL REPORTED TO	DATE REPORTED	TIME REPORTED ☐ A.M. ☐ P.M.
SHIFT SUPERVISOR SIGNATURE AND TITLE		DATE

MENTAL HEALTH PROFESSIONAL INITIAL EVALUATION AND ACTION TAKEN

SUICIDE RISK/RATING SCORE
☐ SR1 ☐ SR 2 ☐ SR 3

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE

☐ SUICIDE WATCH DISCONTINUED AS SUBJECT IS NOT SEEN AS SUICIDAL AT THIS TIME.

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE

SUMMARY RECOMMENDATIONS

DISTRIBUTION: WHITE - MEDICAL FILE GREEN - CLASS. FILE VIA FUM VIA SUPT. CANARY - SHIFT SUPERVISOR
PINK - INDIVIDUAL CONFINEMENT RECORD VIA UNIT SUPERVISOR GOLDENROD - INSTITUTIONAL CHIEF OF MENTAL HEALTH SERVICES

TIME	DATE	REASON	INITIALS	TIME	DATE	REASON	INITIALS

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

INDIVIDUAL CONFINEMENT RECORD (PAGE 2)

OFFENDER NAME	DOC NUMBER	INSTITUTION
		DATE RECEIVED

INSTRUCTIONS

Initial all entries. Place a check under "R" if refused.
B = Breakfast   L = Lunch   S = Supper

DATE	B		L		S		SHOWERS		SHAVES		RECREATION		PHONE CALLS		CLOTHING EXCH.		LINEN EXCH.		ROOM CLEANING			
	INT	R	INT	R	INT	R	INT	R	INT	R	TIME & INT.	R	INT	R	INT	R	INT	R	INT	R	INT	R

Attachment F

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

RECLASSIFICATION ANALYSIS (RCA) - MENTAL HEALTH (MH) NEEDS

OFFENDER NAME	DOC NUMBER	DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC). **or,**
Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) **or,**
Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting
All clinical criteria below **must** apply:

- Offender's current mental status shows impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services **and/or** psychotropic medication in a general population setting
All clinical criteria below **must** apply:

- Offender's current mental status **does not** show any impairment in reality testing ability,
- Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.
Clinical Criteria ("X" all that apply)

☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional or authorized manual user)

Offender **does not** require any routine mental health services. Offender is not requesting any mental health treatment.
Offender can be maintained in general population setting.
Clinical Criteria ("X" all that apply)

☐ Offender is **not** seeking mental health treatment
☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►

SIGNATURE OF SCORER

TITLE OF SCORER

DATE

MO 931-0730 (12-02)

Missouri Mel Carnahan, Governor

DEPARTMENT OF CORRECTIONS Dora B. Schriro, Ed.D., Director

2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
573 - 751-2389 TDD Available
573 - 751-4099 (Fax)

M E M O R A N D U M

DATE: March 1, 2000

TO: Institutional Services Manual Holders

FROM: George A. Lombardi, Director
Division of Adult Institutions

William F. Potter, Director
Division of Offender Rehabilitative Services

SUBJECT: Rescission of Institutional Services Procedure
IS12-5.1 Capital Punishment Inmate Mental Health Services

The above noted procedure has been rescinded. The consent decree for capital punishment inmates is no longer in effect. This procedure is no longer mandated.

Please remove IS12-5.1 from your manual and replace it with this memo for reference purposes.

GAL/WFP/SAS/llc

MISSOURI DEPARTMENT OF CORRECTIONS AND HUMAN RESOURCES

INSTITUTIONAL SERVICES

POLICY AND PROCEDURE MANUAL

****

PROCEDURE TITLE | PROCEDURE NO. IS12-5.1

Capital Punishment Inmates Mental Health Services | April 30, 1991
EFFECTIVE DATE

****

APPROVAL:

George A. Lombardi, Director
Division of Adult Institutions

R. Dale Riley, Director
Division of Classification & Treatment

****

I. PURPOSE: This procedure provides guidelines for delivery of mental health services to the Capital Punishment Unit inmates as mandated in the consent decree.

A. AUTHORITY: 217.040, 217.175, 217.075 RSMo.
Federal Court Consent Decree (Case No. 85-4422-CV-C-5)

B. APPLICABILITY: The superintendents of Potosi Correctional Center and Fulton Reception & Diagnostic Center, in conjunction with the psychologist, will develop standard operating procedures based on guidelines established herein.

II. DEFINITION:

A. CONSENT DECREE: The court proceeding, issued by the Western District (MO.) of the United States District Court, defining mandated rules and procedures unique to the operation of a Capital Punishment Unit.

B. PSYCHOLOGIST: The mental health care provider for the capital punishment inmates having at least a Master's Degree in Psychology and at least one year of professional experience or equivalent.

III. PROCEDURE:

A. A psychologist shall be assigned by the Chief Treatment Psychologist to the capital punishment units to provide necessary psychological services/assessments.

B. All newly admitted capital punishment inmates shall be evaluated by a psychologist, if possible within two working days, but no later than two weeks as a part of the reception process.

C. Capital punishment inmate requests to see the psychologist will be honored as soon as possible.

D. All capital punishment inmates shall be given the Annual Psychological Evaluation form (Attachment A) offering a psychological evaluation.

1. Inmates will be required to sign and return this form to the psychologist accepting or rejecting the offered evaluation. These forms will be placed in the inmate's medical file.

2. Upon receipt of the form indicating that the inmate wishes to have an evaluation conducted, a psychological evaluation will be completed.

3. Certification and documentation of completion of the annual psychological evaluation process will be sent to the Chief Treatment Psychologist. The Chief Treatment Psychologist will forward a copy to the Attorney General's Office.

4. The evaluation will be placed in the inmate's medical file with documentation of the evaluation made in the chronological record of the classification file by the psychologist.

E. The psychologist should develop and implement an individual treatment plan as appropriate after evaluating each inmate. In the event that medication appears to be indicated as a part of the treatment program, a referral should be made to a physician who shall evaluate the inmate prior to prescribing medication. All prescriptions for psychotropic medication will be reviewed on a regular basis by a psychiatrist.

F. The psychologist should make referrals to a psychiatrist based upon the evaluations or when referred by the unit team.

G. A psychiatrist/psychologist should make referrals to a mental health facility as appropriate.

H. The psychologist should sit as a non-voting member of the Administrative Segregation Committee involving Capital Punishment inmates.

I. All classification, medical and psychological records should be maintained in a confidential manner and will not be kept in the institutional classification office.

IV. REFERENCE:

A. None

V. ATTACHMENT SUMMARY:

A. Annual Psychological Evaluation

VI. HISTORY: Not previously covered by division rules.

A. Original Procedure Effective: April 30, 1991

****

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

****

IS12-4.3 Mental Health Close Observation

Effective Date: May 30, 2003

George A. Lombardi, Director
Division of
Adult Institutions

Randee Kaiser, Director
Division of
Offender Rehabilitative Services

Ralf J. Salke, Senior Regional
Vice President
CMS Missouri Regional Office

****

I. PURPOSE: This procedure was developed to establish guidelines to manage offenders whose mental status requires therapeutic seclusion.

A. AUTHORITY: 217.175, 217.320, RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. APPLICABILITY: Standard operating procedures specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/ physician, institutional chief of mental health services, other professional medical providers and the superintendent/ designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Medical Accountability Records System (MARS): The electronic medical records system utilized by the Missouri Department of Corrections.

B. Mental Health Close Observation: Placement of an offender in a controlled environment for therapeutic seclusion to

determine mental health signs and symptoms and potential harm to self, others, or property due to a mental disorder.

C. **Qualified Mental Health Professional (QMHP):** Includes psychiatrists, physicians, psychologists, associate psychologists, licensed clinical social workers and licensed professional counselors.

III. **PROCEDURES:**

A. Institutional staff should be trained by a qualified mental health professional in the identification of offenders demonstrating acute psychosis or psychological distress which could place the offender at risk for impulsive, out-of-control behavior.

B. A qualified mental health professional shall complete an evaluation of the offender to determine the least restrictive environment appropriate for safe management. The evaluation and disposition should be documented via the medical accountability records system (MARS) entry.

1. Prior to completion of an evaluation by a qualified mental health professional, the offender should be closely observed by classification and/or custody staff.

C. If it is determined that the offender requires a single cell assignment for personal safety or the safety of others, the qualified mental health professional may recommend assignment in general population, protective custody, temporary administrative segregation confinement or administrative segregation.

D. Mental Health Close Observation Procedures:

1. The offender should be placed in a secured cell assignment in administrative segregation or other designated area by custody staff by the request of a qualified mental health professional. Every effort should be made to ensure the offender's dignity, but this is secondary in situations of potential harm to the offender or others.

2. A qualified mental health professional will assess the offender and determine what, if any, property may be placed in the cell with the offender.

3. Custody staff should inspect the cell prior to offender placement to ensure no items are available for potential self-harm.

4. Medical staff should evaluate the medical condition of the offender prior to segregation placement whenever the

mental condition permits.

5. Custody staff should observe the offender frequently, but no less than every 15 minutes.

   a. These observations should be documented by completion of the Close Observation Log (Attachment A).

   b. The video monitoring in a cell does not satisfy this requirement for 15 minute checks, but is in addition to.

   c. Daily telephone consultation by the qualified mental health professional with the facility shift supervisor will be utilized in order to monitor the offender status on weekends and holidays.

6. The offender should be evaluated daily by a qualified mental health professional who should document via a medical accountability records system (MARS) entry and notated in the Individual Confinement Record (Attachment B).

7. Removal of an offender from mental health close observation status requires mental health authorization.

   a. An order to discontinue mental health close observation segregation placement and followup orders should be documented in the offender's medical record by a qualified mental health professional.

      (1) Unit staff should be advised with documentation in the Individual Confinement Record.

8. Upon determination by the qualified mental health professional that the offender no longer evidences significant signs and symptoms of mental illness that precluded the offender's ability to be housed as assigned, the qualified mental health professional will remove the offender from close observation status.

9. Close observation should not be used as punishment or for the convenience of staff, but should be used only when less restrictive means are not effective or clinically appropriate.

10. Mental health close observation should only be approved through a face-to-face evaluation with a qualified mental health professional.

IV. ATTACHMENTS:

A. 931-0813 Close Observation Log
B. 931-3549 Individual Confinement Record

V. **REFERENCES:**

A. IS21-1.1 Temporary Administrative Segregation Confinement
B. IS21-1.2 Administrative Segregation

VI. **HISTORY:** This procedure previously covered under IS11-66.1 effective August 15, 1994, revised October 15, 1999

A. Original Effective Date: 05/30/03

Attachment A

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

CLOSE OBSERVATION LOG

NAME OF INSTITUTION	DAY	MONTH	YEAR

OFFENDER NAME	DOC NUMBER	ROOM/CELL NUMBER

INSTRUCTIONS:

1. A new form is to be utilized for each 24 hour day.
2. Offender is to be checked at least 4 times or more within the hour on an irregular basis, or as designated by the psychologist (suicide)/shift supervisor/medical (other than suicide).

Note: Any staff member making a security check must **PRINT** their complete name and indicate initials.

PRINT NAME	INITIALS	PRINT NAME	INITIALS

SECURITY CHECKS

HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME
12:00 MIDNIGHT 1:00 A.M.	/	/	/	/	12:00 NOON 1:00 P.M.	/	/	/	/
1:00 A.M. 2:00 A.M.	/	/	/	/	1:00 P.M. 2:00 P.M.	/	/	/	/
2:00 A.M. 3:00 A.M.	/	/	/	/	2:00 P.M. 3:00 P.M.	/	/	/	/
:00 A.M. 4:00 A.M.	/	/	/	/	3:00 P.M. 4:00 P.M.	/	/	/	/
4:00 A.M. 5:00 A.M.	/	/	/	/	4:00 P.M. 5:00 P.M.	/	/	/	/
5:00 A.M. 6:00 A.M.	/	/	/	/	5:00 P.M. 6:00 P.M.	/	/	/	/
6:00 A.M. 7:00 A.M.	/	/	/	/	6:00 P.M. 7:00 P.M.	/	/	/	/
7:00 A.M. 8:00 A.M.	/	/	/	/	7:00 P.M. 8:00 P.M.	/	/	/	/
8:00 A.M. 9:00 A.M.	/	/	/	/	8:00 P.M. 9:00 P.M.	/	/	/	/
9:00 A.M. 10:00 A.M.	/	/	/	/	9:00 P.M. 10:00 P.M.	/	/	/	/
10:00 A.M. 11:00 A.M.	/	/	/	/	10:00 P.M. 11:00 P.M.	/	/	/	/
11:00 A.M. 12:00 NOON	/	/	/	/	11:00 P.M. 12:00 MIDNIGHT	/	/	/	/

COMMENTS (Initial each comment)

Attachment B (Front)

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INDIVIDUAL CONFINEMENT RECORD

			CELL NUMBER	
		INSTITUTION	ORIGINATING UNIT	
OFFENDER NAME	DOC NUMBER	TIME RECEIVED T.A.S.C. ☐ A.M. ☐ P.M.	DATE RECEIVED T.A.S.C.	

REASON FOR CONFINEMENT (CDV NUMBER, INVESTIGATION, SUICIDE WATCH, ETC.)

SPECIAL INSTRUCTIONS (I.E. SPECIAL SECURITY ORDERS)

MEDICATION REQUIREMENTS

☐ PORK ☐ NON-PORK	ASSIGNED TO	☐ ADMINISTRATIVE SEGREGATION ☐ DISCIPLINARY SEGREGATION ☐ OTHER	DATE ASSIGNED
DATE RELEASED FROM CONFINEMENT	RELEASED TO		

TIME	DATE	REASON	INITIALS	TIME	DATE	REASON	INITIALS

MO 931-3549 (4-01)

Attachment B (Back)

TIME	DATE	REASON	INITIALS	TIME	DATE	REASON	INITIALS

MO 931-3549 (4-01)

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

INDIVIDUAL CONFINEMENT RECORD (PAGE 2)

INSTITUTION

OFFENDER NAME	DOC NUMBER	DATE RECEIVED

INSTRUCTIONS

Initial all entries. Place a check under "R" if refused.
B = Breakfast L = Lunch S = Supper

DATE	B		L		S		SHOWERS		SHAVES		RECREATION		PHONE CALLS		CLOTHING EXCH.		LINEN EXCH.		ROOM CLEANING			
	INT	R	INT	R	INT	R	INT	R	INT	R	TIME & INT.	R	INT	R	INT	R	INT	R	INT	R	INT	R

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CHRONOLOGICAL LOG

INSTITUTION	SHIFT ☐ 1ST ☐ 3RD ☐ 2ND	POST	DATE

INSTRUCTIONS:
1. Document staff assigned to post during each shift on reverse side. No other documentation is to be made on the reverse side.
2. All incidents (i.e., movements to and from visits and sick calls, counseling by staff, inspections, events, etc.) will be listed on this form in order of occurrence by time.
3. Each entry is to be initialed as it is made.

TIME	

DISTRIBUTION AS NEEDED

OFFICER ASSIGNMENTS

FIRST SHIFT

SECOND SHIFT

THIRD SHIFT

BOB HOLDEN
Governor

GARY B. KEMPKER
Director

2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri

DEPARTMENT OF CORRECTIONS

Ad Excellentum Conamur - "We Strive Towards Excellence"

OFFICE OF INSPECTOR GENERAL

Compliance Unit

M e m o r a n d u m

DATE: August 23, 2001

TO: Institutional Services Policy & Procedure Manual Holders

FROM: Sheila Scott, Administrative Analyst

SUBJECT: **IS12-4.2 Offender Suicide Observation Assistant Program**

The above referenced procedure has been revised. Major changes are as follows:

I. PURPOSE: Added the last sentence "This is a voluntary program to be implemented at the discretion of the superintendent."

All reference to mandated program participation has been removed from the entire procedure.

Please review this procedure and place appropriately in your manual.

Thank you.

vlf

****

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

****

IS12-4.2 Offender Suicide Observation Assistant Program

Effective Date: August 23, 2001

George A. Lombardi, Director
Division of
Adult Institutions

William F. Potter, Director
Division of Offender
Rehabilitative Services

Denis H. Agniel, Chairman
Board of Probation and Parole

****

I. PURPOSE: This procedure provides guidelines governing the operation of a program wherein offender suicide observation assistants monitor those offenders identified as potential suicide risks and learn to recognize in those offenders not previously identified, the warning signals of suicidal behavior. This is a voluntary program to be implemented at the discretion of the superintendent.

A. AUTHORITY: 217.175 RSMo

B. APPLICABILITY: Each superintendent of any facility housing offenders under the jurisdiction of the Division of Adult Institutions or Division of Offender Rehabilitative Services or community release centers under the Division of Probation and Parole will develop standard operating procedures based on the guidelines established herein.

C. SCOPE: Nothing in this procedure is intended to give a protected interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Offender Suicide Observation Assistant: Offenders selected, screened and assigned by the associate superintendent of offender management/designee to work within the parameters of the Offender Suicide Observation Assistant Program.

B. Offender Suicide Observation Assistant Program: Offender suicide observation assistants monitor those offenders identified as potential suicide risks and learn to recognize

in those offenders not previously identified, the warning signals of suicidal behavior.

C. **Serious Suicide Attempt (SR-3 Rating):** Offender self-inflicted, bodily injury that requires treatment by a physician beyond the initial assessment of the injury by a nurse. The bodily injury may have required hospital or infirmary admission in order to monitor the offender's vital signs.

D. **Suicide Gesture (SR-2 Rating):** (1) An offender's verbalization to a correctional employee of suicidal thoughts, suicidal plans within the next month and/or delusions of suicidal command hallucinations; or (2) offender self-inflicted, bodily injury that did not require treatment by a physician or treatment beyond the initial assessment of the injury by a nurse.

E. **Suicide Risk Rating (SR) Scale:** An offender behavior rating scale that rates both the offender's prior level of suicidal action while in custody and rates the seriousness of a recent suicidal verbalization or action.

III. PROCEDURES:

A. Institutions and institutional treatment centers may operate an Offender Suicide Observation Assistant Program at the discretion of the superintendent.

1. The Offender Suicide Observation Assistant Program hours of operations shall be determined by the superintendent/designee and may be different for each designated area.

a. Offender suicide observation assistants will not work longer than 8 hour shifts.

2. The associate superintendent of offender management/ designee shall maintain an up-to-date roster of offender suicide observation assistants and prospective offender suicide observation assistants.

B. Selection of Offender Suicide Observation Assistants

1. Offender suicide observation assistant applicants shall be selected, screened and assigned by the associate superintendent of offender management/designee.

2. Each offender suicide observation assistant applicant must meet the following criteria:

a. have a mental health score of 1 or 2; mental health score 3 offenders may be selected if approved by the institutional mental health professional;

b. no suicidal history while incarcerated;

c. no major conduct violations (1-9) within the past two years; and

d. have or be working towards a high school diploma or GED (except institutional treatment centers).

3. Each offender suicide observation assistant applicant shall be required to attend and successfully complete an orientation and examination program in suicide prevention administered by an instructor as designated by the facility's institutional standard operating procedure.

a. Each offender suicide observation assistant applicant must receive a passing score of 70% to qualify for the program.

b. Each offender suicide observation assistant applicant shall be required to successfully complete a recertification course on an annual basis.

C. Assignment of Offender Suicide Observation Assistants

1. Superintendents will determine housing units where the offender suicide observation assistants may be assigned. The following is a listing of suggested assignment areas:

a. mental health;

b. disciplinary segregation;

c. administrative segregation;

d. protective custody;

e. receiving and orientation; and

f. general population.

D. Duties of Offender Suicide Observation Assistants

1. Offender suicide observation assistants shall:

a. conduct vigilant patrols of their assigned areas at irregular intervals;

b. promptly report any suicidal behavior to the corrections officer on duty;

c. talk with offenders in an effort to identify suicidal ideations;

d. make appropriate log entries as per the requirements of this procedure; and

e. be granted breaks as outlined in the institutional standard operating procedure.

2. Offender suicide observation assistants should not be routinely locked in their cells during their assigned activity hours except in those cases where remaining out would interfere with the orderly operation of the facility.

3. Offender suicide observation assistants shall only perform those duties that are related to their assignment. They shall not function as porters, food service workers, etc.

4. Offender suicide observation assistants may be allowed to work in multiple housing units based on institutional needs as determined by the superintendent.

5. Offender suicide observation assistants shall be compensated at premium pay rate.

E. Record Keeping System

1. A record keeping system shall be maintained in all housing units. The offender suicide observation assistant shall note on the Offender Suicide Observation Assistant Program Log (Attachment A) all incidents of suicide gestures or attempts by an offender that may indicate the need for mental health evaluation.

a. Entries are to be limited to simple observations, such as:

(1) offender appears to be depressed;

(2) offender is displaying suicidal behavior;

(3) offender has verbalized suicidal expressions;

(4) offender sitting on bed;

(5) offender asleep; and

(6) offender is awake.

b. The record keeping system shall contain the following information:

(1) date and time of entry;

(2) name, department number and location of offender;

(3) nature of observation;

(4) name and department number of offender suicide observation assistant; and

(5) initials/badge number of corrections officer on duty.

2. An employee, as designated by standard operating procedure, will review and co-sign an offender suicide observation assistant's entries at the end of each shift.

F. Equipment

1. While on duty each offender suicide observation assistant may have access to a working flashlight and clock when deemed appropriate and/or conditions warrant.

2. Optional: A unique shirt or vest may be worn by the offender suicide observation assistants as determined by the superintendent.

G. Removal of Assistants

1. An offender suicide observation assistant may submit a request to be removed from the program at any time to her/his caseworker.

2. An offender suicide observation assistant can be removed from the program at the discretion of the superintendent/designee.

3. When an offender suicide observation assistant has been removed, the associate superintendent of offender management/designee should determine assignment of a replacement, if necessary.

IV. ATTACHMENTS:

A. 931-4332 Offender Suicide Observation Assistant Program Log

V. REFERENCES:

A. IS12-4.1 Suicide Intervention Procedures

VI. HISTORY:

A. Original Effective Date: March 1, 2000
B. Revised Effective Date: August 23, 2001

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

Attachment A (Front)

OFFENDER SUICIDE OBSERVATION ASSISTANT PROGRAM LOG

OSOA NAME/NUMBER	HU	WING	TIME	DATE

The following item numbers will be utilized to document observations.

- *(1) Offender is crying
- *(2) Offender is displaying suicidal behavior
- *(3) Offender has verbalized suicidal expressions
- *(4) Offender is sitting on bed
- (5) Offender is asleep
- (6) Offender is awake
- (7) Offender is eating
- *(8) Not in cell
- *(9) Other

Documented 1, 2, 3, 4, 8, 9 requires "Remark" sections completed on back. If the remarks section is utilized on the back of form, both the OSOA and the Officer must sign.

CELL NO.	OFFENDER NAME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME	ITEM #	TIME

SHIFT COMPLETED	OSOA SIGNATURE	OFFICER SIGNATURE/BADGE NUMBER

MO 931-4332 (1-01)

REMARKS

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MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

****

IS12-6.1 Forced and Involuntary Psychotropic Medications

Effective: May 30, 2003

George A. Lombardi, Director
Division of
Adult Institutions

Randee Kaiser, Director
Division of
Offender Rehabilitative Services

Dr. A. E. Daniel, Director of Psychiatry
CMS Missouri Regional Office

Ralf J. Salke, Senior Regional Vice President
CMS Missouri Regional Office

****

I. PURPOSE: This procedure establishes guidelines for the emergency use of psychotropic medication when an offender will not accept medication voluntarily and presents a significant risk for harm to self or others. Additionally this procedure establishes guidelines for the use of involuntary psychotropic medications in the treatment of serious mental illness at facilities that house offenders with mental health scores of 4 or higher.

A. AUTHORITY: 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. APPLICABILITY: Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, psychiatrist/ physician, institutional chief of mental health services, other professional medical providers and the superintendent/ designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Chief of Mental Health Services: Administrative agent responsible for the oversight of mental health services provided to department of correction's offenders throughout

the state of Missouri.

B. **Clinical Due Process Hearing:** A hearing in which a committee consisting of a psychiatrist/physician who serves as chairperson, a qualified mental health professional, and a superintendent/designee (none of whom are directly involved in the offender's diagnosis or treatment) reviews the clinical evidence and determines whether involuntary psychotropic medication is warranted. The offender will be present, unless clinically contraindicated, and will be accompanied by the lay advisor.

C. **Clinical Executive Committee:** A committee composed minimally of the health services administrator, the institutional director of nursing, the institutional medical director, the institutional psychiatrist/physician, the institutional chief of mental health services, and the institutional mental health nurse, that meets at least quarterly to address health care issues involving offenders with mental illness.

D. **Clinical Necessity:** A situation where the offender's mental illness interferes with her/his functioning in the institution, yet no imminent danger exists. This includes those who are gravely disabled or pose a future likelihood of harm to self or others if treatment is not instituted. Specific examples would include the psychotic offender who evidences delusions, hallucinations, or other thought disturbances and severely depressed offenders who evidence withdrawal, suicidal ideations, and/or severely diminished institutional adjustment. In these cases, a clinical due process hearing is required to initiate the treatment regimen.

E. **Director of Psychiatry:** Psychiatrist appointed by the mental health services' contractor responsible for the oversight of psychiatric services provided to department of correction's offenders throughout the state of Missouri.

F. **Forced Medications:** The use of psychotropic medications against the offender's will in response to a psychiatric emergency involving the offender's risk of danger to self or others.

G. **Imminent Danger:** There is overwhelming likelihood that the offender will act to harm herself/himself or others in the immediate foreseeable future.

H. **Involuntary Medications:** The use of psychotropic medications against the offender's will following a clinical due process hearing decision that the offender is mentally ill and presents an ongoing danger to self and/or others or grave disability.

I. **Lay Advisor:** A unit team member who is not involved in

the treatment or diagnosis of the offender, who understands the psychiatric issues, and will serve as an independent observer for the clinical due process hearing. This individual is appointed by the superintendent/designee.

J. **Medical Accountability Records System (MARS):** The electronic medical records system utilized by the Missouri Department of Corrections.

K. **Psychotropic Medications:** Those pharmacological agents having psychoactive properties found in the department of correction's formulary and prescribed by a licensed physician primarily for the treatment of a serious mental illness.

III. PROCEDURES:

A. Use of Forced Psychotropic Medication:

1. The offender has the right to refuse psychotropic medication except in an emergency situation or if the correctional system has initiated an approved administrative review process for involuntary medication in accordance with IS11-67.1 Involuntary Psychotropic Medication.

   a. Psychotropic medications should not be forcefully administered by health care staff unless there is imminent danger to self/others due to an acute mental disorder as determined by a psychiatrist/ physician.

2. The health care staff should encourage the offender to take medication voluntarily. Many mentally ill offenders can be persuaded with patience and compassion.

3. If the offender continues to refuse, another medical staff member, if available, should attempt to persuade the offender to reconsider. Whenever possible, a qualified mental health professional should be utilized.

4. If the offender continues to refuse treatment after all efforts have been exhausted, provided there is no acute or emergency need for medication (i.e., suicidal or explosive behavior) the offender should be referred to a qualified mental health professional.

5. In the event of an imminent danger in which the offender presents an immediate threat to self (suicidal or self-harm) or others (assaultive, explosive behavior), a qualified mental health professional and psychiatrist/ physician should be contacted immediately by institutional staff.

a. The qualified mental health professional should respond within 2 hours of the notification.

b. The psychiatrist/physician should respond within 4 hours of the notification.

6. A specific order specifying date, time, and exact need for forced psychotropic medication should be obtained from the on-call psychiatrist/physician or the director of psychiatry.

7. Sufficient custody personnel should be available to restrain the offender when forced psychotropic medication is given along with following IS11-66.2 Use of Medical Restraints, IS20-3.1 Use of Force Guidelines and IS20-3.2 Use of Force Reports.

8. All offenders receiving forced psychotropic medication should have an appropriate assigned mental health score should be placed in a mental health chronic care clinic and followed for the next 90 days.

9. Forced psychotropic medication should never be used strictly for behavioral control in the absence of a mental disorder.

10. The physician authorizing the use of forced psychotropic medication will notify the director of psychiatry apprising her/him of the situation. The director of psychiatry will then notify the chief of mental health services.

11. The clinical executive committee will monitor all episodes of forced psychotropic medications to determine trends and appropriateness of use and report its finding in writing to the chief of mental health services within 30 days of the event.

12. Healthcare staff should review the forced psychotropic policy annually.

B. Involuntary Medications:

1. When the offender, because of mental illness, refuses psychotropic medications and is found to be gravely disabled and/or a danger to self or others, the prescribing psychiatrist/physician determines the need for involuntary medication and documents the diagnosis per the current edition of the Diagnostic and Statistical Manual and its factual basis, the proposed medication, dose, and route of administration.

a. These are entered into the referral section of the

medical accountability records system (MARS) as a referral to the director of psychiatry.

2. With the consent of the offender, prior to a clinical due process hearing, the prescribing psychiatrist/ physician or another qualified mental health professional will attempt to contact a significant family member to inform her/him of the situation and to attempt to enlist the family member's support in encouraging the offender to take psychotropic mediation voluntarily.

   a. If the offender does not wish a family member to be contacted, the offender will be given a Refusal of Treatment/No Show form (Attachment A) to sign.

   b. If a legal guardian exists, efforts will be made to contact that individual as well.

   c. The legal guardian's written consent for psychotropic medication administration will be enforced.

3. A copy of the offender's psychiatric evaluation, including the diagnosis and recommendations, will be given to the offender and a copy sent via facsimile to the director of psychiatry.

   a. If there is a guardian involved, the director of psychiatry will also send a copy of the psychiatric evaluation to that individual.

4. The offender will be served notice within 24 hours of the determination of the need for involuntary medication and that a clinical due process hearing has been scheduled.

   a. The hearing is to be set within 5 working days of the determination of the need for involuntary medication.

5. The institutional chief of mental health services will contact the superintendent/designee of the facility to set up the hearing.

6. The offender is assigned a lay advisor by the superintendent/designee who meets with the offender to determine why she/he is unwilling to take psychotropic medications.

7. The offender and the lay advisor are present at the hearing unless the offender is clinically inappropriate to attend.

a. In the latter case, a qualified mental health professional accompanies the lay advisor when she/he informs the offender of the hearing.

b. The same staff member then testifies at the hearing regarding the offender's condition or refusal to attend.

8. During the hearing, evidence from the prescribing psychiatrist/physician is presented regarding the factual description of:

a. the determination of the diagnosis,

b. the factual basis for the diagnosis,

c. the need for involuntary medications,

d. the medications recommended,

e. the benefits and risks of the medications, and

f. the measures that will be taken to address the risks.

9. If the offender is not present, the qualified mental health professional who accompanied the lay advisor when the offender was informed of the purpose of the hearing and her/his rights shall testify as to the reasons(s) for the offender's absence before further proceeding.

a. The lay advisor, either in the presence of the offender or absence (if the offender refuses to attend or is clinically inappropriate to attend) explains the reason(s) for the offender's refusal to accept medications.

10. The offender, if present, will be asked to testify in her/his behalf and be advised of her/his right to question the prescribing psychiatrist/physician, if present, regarding the factual basis for the diagnosis or the determinations of the need to be placed on involuntary medications.

11. The members of the clinical due process hearing committee may ask the offender or the lay advisor questions to clarify the offender's reason(s) for refusing to accept medications.

12. The entire hearing will be audiotaped by the chairperson. The director of psychiatry will be

responsible for storing all committee meeting audiotapes.

13. The majority decision of the committee (must include the chairperson) shall be provided to the offender the same day of the clinical due process hearing.

14. The offender will have 24 hours after the receipt of the written decision to appeal the decision to the chief of mental health services if she/he desires to do so.

15. Once involuntary medication treatment is initiated, the prescribing psychiatrist/physician will evaluate the offender, at a minimum of every 2 weeks, and document her/his progress and continuing need for medication, if any, and the measures being taken to address side effects, via a medical accountability records system (MARS) entry.

    a. The prescribing psychiatrist/physician will make every effort to obtain informed consent if the offender's condition improves and she/he has indicated a willingness to accept prescribed medications voluntarily.

16. The director of psychiatry will track all offenders on involuntary medications to assure that the prescribing psychiatrist/physician has seen the offender every 2 weeks.

17. The clinical due process hearing will be repeated every 6 months until the offender leaves incarceration, indicates willingness to voluntarily accept medications, or the clinical necessity passes.

IV. ATTACHMENTS:

A. 931-1832 Refusal of Treatment/No Show

V. REFERENCES:

A. IS11-66.2 Use of Medical Restraints
B. IS11-67.1 Involuntary Psychotropic Medication
C. IS20-3.1 Use of Force Guidelines
D. IS20-3.2 Use of Force Reports
E. IS21-1.1 Temporary Administrative Segregation Confinement
F. IS21-1.2 Administrative Segregation
G. Diagnostic and Statistical Manual

VI. HISTORY: Not previously addressed by a division rule. IS12-6.1 Use of Psychotropic Medication and IS11-4.5 Involuntary Administration of Psychotropic Medication were merged and renumbered effective February 1, 1995

A. Original Effective Date: 04/30/91
B. Revised Effective Date: 02/01/95
C. Revised Effective Date: 10/01/99
D. Revised Effective Date: 05/30/03

Attachment A

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH

REFUSAL OF TREATMENT

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____ MUST COMPLETE

☐ 2. Dental care/treatment _____ MUST COMPLETE

☐ 3. Mental Health _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services/Mental Health Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental/mental health staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	**DATE**	**WITNESS**	**DATE**

MO 931-1832 (3-00)

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH

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FENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	**DATE**	**WITNESS**	**DATE**

MO 931-1832 (3-00)